STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018988	A. BUILDING: _____ B. WING _____	C 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE MORAINE GARDENS RCAC	1802 EDGEWOOD ROAD KEWASKUM, WI 53040

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	INITIAL COMMENTS On 10/25/2023, Surveyor conducted a complaint investigation and standard survey at Kettle Moraine Gardens RCAC, a RCAC in Kewaskum. Three deficiencies were identified. The complaint was unsubstantiated. Census: 28	U 000		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed had training in safety procedures, including fire safety and first aid, and in the facility's policies and procedures relating to tenant rights. Caregiver B did not have training in fire safety or first aid at the time s/he began providing care. Caregiver B had not received training in tenant rights. Findings include:	U 134		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018988	A. BUILDING: _____ B. WING _____	C 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE MORAINE GARDENS RCAC	1802 EDGEWOOD ROAD KEWASKUM, WI 53040

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 134	Continued From page 1 On 10/25/2023 at approximately 11:15 a.m., Surveyor reviewed Caregiver B's record. Caregiver B was hired by the provider's complex on 06/05/2023. Caregiver B's record included the following trainings: - Medications: Completed 08/03/2023. - Fire Safety: Completed 10/14/2023. - First Aid/Choking: Completed 10/14/2023. - Tenant Rights: Not received. On 10/25/2023 at approximately 11:20 a.m., Surveyor interviewed Human Resources C. Surveyor asked Human Resources C why Caregiver B received his/her trainings several months after hire. Human Resources C stated Caregiver B was scheduled to receive trainings in July but did not attend the training due to an emergency. Human Resources C stated Tenant Rights training was left in Caregiver C's "mailbox" to complete but had yet to complete the training. On 10/25/2023 at approximately 11:30 a.m., Surveyor reviewed the complex's schedule, which indicated Caregiver B worked at the complex 06/05/2023 to current without having his/her trainings completed. On 10/22/2023 at approximately 11:45 a.m., Surveyor reviewed concern with Nurse A and Administrator D regarding Caregiver C's delayed trainings and need to complete tenant rights training. Administrator A nodded his/her head in response to Surveyor.	U 134		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the	U 171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018988	A. BUILDING: _____ B. WING _____	C 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE MORAINE GARDENS RCAC	1802 EDGEWOOD ROAD KEWASKUM, WI 53040

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 171	Continued From page 2 comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 tenants reviewed had an updated comprehensive assessment. Tenant 1's comprehensive assessment had not been reviewed since 09/06/2022. Findings include: On 10/25/2023 at approximately 9:30 a.m., Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider's complex on 09/06/2022 with diagnoses of chronic kidney disease and diabetes. Tenant 1's comprehensive assessment was dated 09/06/2022. On 10/25/2023 at approximately 10:45 a.m., Surveyor interviewed Nurse A. Surveyor asked Nurse A if Tenant 1 had an updated comprehensive assessment. Tenant 1 replied, "No," and explained that s/he needed to do an updated assessment. Surveyor asked if the current assessment was reflective of Tenant 1's current needs. Nurse A stated the assessment needed to be updated to reflect his/her diabetic, renal diet.	U 171		
U 200	89.28(2)(a)1. RISK AGREEMENT	U 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018988	A. BUILDING: _____ B. WING _____	C 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE MORAINE GARDENS RCAC	1802 EDGEWOOD ROAD KEWASKUM, WI 53040

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 200	Continued From page 3 (2) CONTENT. A risk agreement shall identify and state all of the following: (a) Risk to tenants. 1. Any situation or condition which is or should be known to the facility which involves a course of action taken or desired to be taken by the tenant contrary to the practice or advise of the facility and which could put the tenant at risk of harm or injury. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 tenants reviewed had risk agreements when there was a risk of harm or injury. Tenant 1 and Tenant 2 did not have risk agreements related to their non-compliance of specialty diets. Findings include: On 10/25/2023 at approximately 9:30 a.m., Surveyor reviewed tenant records and identified the following concerns: Example 1 - Tenant 1: Tenant 1 was admitted to the provider's complex on 09/06/2022 with diagnoses of chronic kidney disease and diabetes. Tenant 1's face sheet indicated s/he required a diabetic, renal diet. The comprehensive assessment, dated 09/06/2022, did not indicate a specialty diet. On 10/25/2023 at approximately 10:45 a.m.,	U 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018988	A. BUILDING: _____ B. WING _____	C 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE MORAINE GARDENS RCAC	1802 EDGEWOOD ROAD KEWASKUM, WI 53040

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 200	Continued From page 4 Surveyor interviewed Nurse A. Surveyor asked Nurse A if Tenant 1 required a specialty diet. Nurse A clarified Tenant 1 required a diabetic, renal diet. Nurse A acknowledged the specialty diet was not documented on the comprehensive assessment and that s/he would update the assessment. Surveyor asked Nurse A if Tenant 1 was compliant with his/her specialty diet. Nurse A replied, "No. We provide [him/her] with items that are compliant with [his/her] diet, but [s/he] doesn't always follow it." Surveyor asked if Tenant 1 had a risk agreement related to his/her diet non-compliance. Nurse A replied, "No. I should get one." Example 2 - Tenant 2: Tenant 2 was admitted to the provider's complex on 09/06/2022 with diagnoses of chronic kidney disease and diabetes. Tenant 2's comprehensive assessment, dated 04/05/2023, documented s/he required a carb consistent, renal diet and required reminders to follow the diet. On 10/25/2023 at approximately 10:45 a.m., Surveyor interviewed Nurse A. Surveyor asked Nurse A if Tenant 2 was compliant with his/her specialty diet. Nurse A replied, "Not always." Surveyor asked if Tenant 2 had a risk agreement related to his/her diet non-compliance. Nurse A replied, "No. I should get one."	U 200		